



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

**27 May 2026
Item 23**

THIS PAPER IS FOR NOTING

**STAFF GOVERNANCE COMMITTEE MINUTES OF 11 DECEMBER 2025 AND
AGENDA OF MEETING HELD ON 04 MARCH 2026**

Lead Director Author	Mike McCormick, Chair of Staff Governance Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda.
Key points	In compliance with the Service’s Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Staff Governance Committee held 11 December 2025 were approved by the Committee on 04 March 2026. The agenda from the meeting held on 04 March 2026 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Corporate Risk Identification	—
Link to Corporate Ambitions	This paper related to our goal of ensuring staff have a voice and people are at the heart of everything we do.
Link to NHS Scotland’s Quality Ambitions	All work of the Staff Governance Committee and the Staff Governance Action Plan is aligned to safe, effective and person centred care.
Benefits to Patients	The Staff Governance Committee has responsibility, on behalf of the Board, to ensure that the NHS Staff Governance Standards are implemented in the Service and that an effective structure is in place to support and monitor implementation within the Service, including health, safety & wellbeing, as well as remuneration. Effective staff governance assists in creating a workplace where staff feel valued, and are appropriately located, skilled and developed to deliver safe, effective, patient centred and quality care.

Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	Workforce equality monitoring information, equality outcomes and associated reports, are monitored through the Staff Governance Committee. Equality impact assessments are carried out for individual workstreams, including policy development and review. Relevant equality impact information is reported to the Staff Governance Committee.



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**MINUTES OF STAFF GOVERNANCE COMMITTEE
10:00 AM ON THURSDAY 11 DECEMBER 2025
VIA MICROSOFT TEAMS**

- Present:** Madeline Smith, Non-Executive Director (Chair)
Liz Humphreys, Non-Executive Director/Whistleblowing Champion (Vice Chair)
Stevie Gilroy, Employee Director
Thane Lawrie, Non-Executive Director
Mike McCormick, Non-Executive Director
Maggie Watts, Non-Executive Director
Willie Anderson, Staff Side Convenor, Unite (ex-Officio)
Robert Pollock, GMB Convenor (ex Officio)
Kevin Stewart, Staff Side Convenor, Unison (joint role (ex-Officio))
- In Attendance:** Coralie Colburn, Employee Relations and Equalities Manager
Fiona Douglas, Wellbeing Lead
Alison Ferahi, Head of Organisational Development and Wellbeing
Graeme Ferguson, Acting Director of Workforce
Julie Furzer, Wellbeing Lead
Claire Higgs, Communications and Engagement Manager (Agenda Item 11.1)
Julie Kerr, Governance Officer (Minute Secretary)
Maria McFeat, Deputy Director of Finance
Fay McNicol, Head of Health and Safety
Wendy Quinn, Deputy Director, National Operations
Emma Stirling, Director of Care Quality & Professional Development
Sarah Stevenson, Risk Manager
- Apologies:** Dougie Brownlie, Royal College of Nursing Representative
Michael Dickson, Chief Executive
Cheryl Harvey, Associate Director of Education and Professional Development
Avril Keen, Director of Workforce
David Robertson, Regional Director, West Region
Tom Steele, Board Chair, Non-Executive Director - Apologies
Jim Ward, Medical Director
Milne Weir, Regional Director, North Region

ITEM 1 WELCOME AND INTRODUCTIONS

Madeline Smith welcomed everyone to the meeting and apologies for absence were recorded as above.

ITEM 2 DECLARATIONS OF INTEREST

No new declarations of interest noted.
Standing declarations of interest were noted:

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- Madeline Smith in her position as Board member of Scottish Fire and Rescue Service.
- Liz Humphreys - Non-Executive Director, Public Health Scotland and member of the Audit and Accountability Committee of the Police Investigations and Review Commission.
- Thane Lawrie is a Board member of the Scottish Legal Complaints Commission.

ITEM 3 MINUTES OF MEETING HELD ON 4 SEPTEMBER 2025

The minutes of 4 September 2025 were reviewed for accuracy and Maggie Watts referred to Agenda Item 6.1, penultimate paragraph where the minute refers to the 'loss' of the Technician to Paramedic progression route and asked if this could be changed to 'inaccessibility'. Subject to this change the minute was agreed as a true and accurate reflection of the meeting and subsequently approved by Committee.

Action/s: 1. *Secretariat to amend the minutes of 4 September 2025, the penultimate paragraph of Agenda Item 6.1 and replace the word 'loss' with 'inaccessibility'.*

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

None to note.

ITEM 5 SPECIAL TOPIC – QUALITY SAFETY AND LEARNING AND LINKS TO LiP AND PROFESSIONAL STANDARDS

Emma Stirling, Director of Care Quality and Professional Development provided Committee with a very informative presentation by way of an update on work ongoing in relation Quality Safety and Learning and the links to LiP and Professional Standards. The presentation provided Committee with a comprehensive update on the evolution of the Learning from Events Group into the Quality, Safety and Learning Forum, outlining its remit, strategic alignment, and the integration of learning, professional standards, and excellence in care. Emma explained that the Quality, Safety and Learning Forum was established to triangulate organisational data, identify themes, risks, and opportunities, and facilitate both retrospective and forward learning. The forum aims to avoid duplication with other groups by focusing on strategic intelligence and closing the loop between learning and action.

Emma described how the forum aligns with recent NHS Scotland policies, including the Service Reform Framework, Operational Improvement Plan, and Public Health Reform Framework, as well as the organisation's 2030 Strategy. The forum's work is intended to support personalisation, and the delivery of core strategic objectives. The forum is designed to support compliance with professional standards by linking learning and development to quality indicators and person-centred outcomes. Emma highlighted the inclusion of excellence in care measures for all staff, collaboration with the Scottish Government's Excellence in Care team, and the expansion of quality care reviews. The forum plans to use varied formats for disseminating learning, such as digital content, videos, and traditional briefs, to ensure accessibility for all staff, including those without regular digital access. The forum includes broad representation, including frontline staff and patient representatives, to inform practical dissemination methods. The importance of psychological safety was emphasised, with the aim to foster an environment where staff feel comfortable raising concerns and engaging in open, honest discussions. The forum is intended as a space for realistic, respectful dialogue about challenges and opportunities, with links to ongoing wellbeing initiatives.

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Madeline thanked Emma for the comprehensive presentation and opened to Committee for comments and questions. Thane Lawrie raised the issue of improving patient feedback, particularly regarding under-represented topics such as stacking. Emma advised that the patient experience team is actively developing new feedback mechanisms and collaborating with Health Boards to ensure comprehensive data collection and learning from patient experiences. The focus of the conversation turned to forum membership and Emma clarified that the group includes a wide range of staff, with open invitations to ensure inclusivity. The forum's structure is still evolving, with ongoing efforts to ensure representation from all relevant areas. Mike McCormick asked about the relationship between the forum and the Significant Adverse Events (SAERs) process and Emma explained that the forum will focus on thematic learning from SAERs, avoiding duplication by not handling individual cases and ensuring triangulation of learning across the organisation.

Committee welcomed the presentation and Madeline requested that regular updates come through Staff Governance Committee. It was agreed that Emma would provide biannual updates initially, with the possibility of moving to quarterly as the forum becomes more established.

Action/s: 2. Secretariat to add Quality Safety and Learning Forum updates to the Workplan on a biannual basis initially, with the possibility of moving to quarterly as the forum becomes more established.

Madeline thanked Emma for the presentation and Committee welcomed the work of the forum.

The Committee then moved on to discuss Agenda Item 8.1 (Education Update)

ITEM 6 STAFF GOVERNANCE

Item 6.1 Workforce Risk Register

Sarah Stevenson presented the Workforce Risk Register which members were asked to discuss and approve. Members noted that all changes made since last presentation of the Workforce Risk Register were highlighted in red. The report was taken as read and Committee were asked to:

- Consider escalation of any high or very high risks to the CRR via PPSG.
- Review and approve the Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.
- Approve all risks contained within the report identifying any that require escalation or further assurance.

Sarah highlighted that one new risk has been added (Health and Safety Risk ID 5490) relating to the Occupational Health Contract which is rated high and is due to shortages of occupational health staff both in NSS and the wider NHS boards as part of the consortium agreement.

Madeline thanked Sarah for the overview and opened to Committee for observations and questions. Liz Humphreys noted that there was a slight change in the definition in relation to the Future Workforce Risk ID 5889 referencing the uncertain national landscape. Liz highlighted that the reason is the lack of knowledge of what our workforce is and what the gaps may be and this feels like it is not addressing the internal challenge which we have of the picture and feels that this change is steering things in the wrong direction and Sarah agreed to discuss with Cheryl Harvey.

Action/s: 3. Risk Manager to discuss the change in definition of Workforce Risk ID 5889 with Head of Education and Professional Development to ensure this addresses the internal challenge which we have.

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In terms of the culture Risk ID 5653, mitigations have promised a major cultural programme of work is planned and Liz asked for information for the next meeting on what this would look like. Madeline advised that the paper which is presented to Committee in March will provide more information on the work planned in relation to culture.

Liz requested additional detail regarding timescales associated with the new Occupational Health risk. She also expressed surprise that the proposed mitigation measures were not considered to reduce the forecast risk level. During an in-depth discussion, Fay McNicol clarified that a backlog of 74 staff members awaiting occupational health support has accumulated, primarily due to staffing shortages in NHS Lothian and Fife, further exacerbated by absences at NSS. This backlog is impacting the timely progression of return to work processes. To address the immediate backlog, Fay has arranged for a retired occupational health professional to support NSS on a bank contract, enabling efficient grouping and processing of outstanding cases. The Committee discussed strategies to bring occupational health services in house to improve overall control and decrease reliance on external Boards. Graeme Ferguson noted the challenges involved in consolidating records and building internal capacity. The Committee also considered the viability of hybrid models, which would involve retaining access to consortium Board services for specialised requirements while enhancing internal capabilities. The national shortage of occupational health professionals was recognised as a systemic issue. Fay confirmed that the risk level will be reviewed following the implementation of mitigating actions, with the expectation that transitioning the service in house would result in reduced risk. Regular updates will be provided to the Committee.

Members discussed, noted and approved the updated Risk Register presented.

Item 6.2 Draft Workforce Plan

Coralie Colburn presented the Workforce Plan Progress Update paper and Committee were asked to note the progress on the development of the 3-year Workforce Plan 2026-29 (2030) paper. Coralie advised that work is underway to develop a Strategic Workforce Plan which will support the refreshed 2030 Strategy. The Plan will be presented to National Partnership Forum (NPF), Staff Governance Committee and the Board with tracked changes as further work is completed until a final version is ready for publication. Coralie described the establishment of a strategic oversight group to align Workforce, Financial, and Annual Delivery Plans, ensuring that workforce planning is embedded in organisational priorities and linked to mainstreaming equality outcomes. Engagement is ongoing with Executive Leads, Education, and Operational teams to collect data and insights for workforce projections, focusing on both quantitative and qualitative aspects such as skill development and role evolution. It is proposed that the Plan is submitted to the March Board for information and comment. The full Plan will be published internally following final approval by the Board.

Madeline thanked Coralie for the overview and Committee discussed the uncertainties relating to NQP employment, call handler retention, and the need for collaboration with other NHS boards. Thane Lawrie highlighted particular challenges faced by ACC staff, including sickness absence and shift patterns, and described targeted interventions and environmental improvements to support staff wellbeing and retention.

The Committee expressed their support for advancing the Workforce Plan and requested to review earlier drafts before March. Coralie agreed to develop the plan iteratively and to share drafts with the committee for their feedback when they are available.

Wendy Quinn left the meeting.

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6.3 Internal Audit Action Update

Graeme Ferguson presented a paper to Committee which summarised the progress of implementing agreed actions from Internal Audit Reports as reported by management and validated by internal audit. Staff Governance Committee were asked to:

- Note there is currently one open action with a low rated risk level from the Health & Wellbeing Strategy 2021-24 Internal Audit with the remaining 7 actions now closed.
- Four actions associated with the GRS Timecard Implementation Audit were agreed for closure at the October 2025 Audit and Risk Committee meeting.
- Three new medium risk actions associated with the Statutory and Mandatory Training Audit have been added to the Internal Audit Action Tracker.

Committee noted the Internal Audit Action Update presented and emphasised the importance of timely updates and assurance on Audit Action completion.

Item 6.4 Statutory and Mandatory Training Internal Audit

Graeme Ferguson presented the Internal Audit in relation to Statutory and Mandatory Training which Committee were asked to discuss and note. Committee noted that an internal audit was conducted to assess the effectiveness of the systems and controls in place to deliver, monitor and escalate compliance with statutory and mandatory training requirements. An overall rating of 'Significant assurance with minor improvements required' was provided which is in line with the forecasted assurance provided and appropriate management actions have been agreed. Three medium risk findings were raised and pragmatic management actions agreed which will help the Service in ensuring that statutory and mandatory training remains effective, relevant, and consistently delivered and completed in a timely manner.

Management actions will be progressed and monitored through the Internal Audit Action Tracker and presented quarterly to Committee with updates.

Committee noted the Statutory and Mandatory Training Internal Audit Report presented and gave credit for the significant assurance rating which has come through this Audit.

ITEM 7 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY

Item 7.1 Staff Experience and Performance Report

Alison Ferahi introduced the staff story which was supported with video presentations from Ben Jackson, Paramedic in Dunoon Station and Amandeep Singh, Treasury Officer. Alison advised that the story will comprise of 2 sessions with part 1 being presented today which focusses on the reverse mentoring initiative which is undertaken with the Unity and Diversity Forum and is a unique programme which enables underrepresented individuals to mentor senior leaders in the organisation in order to share lived experience, but also influence decision making in organisational culture as well.

Mentors have completed their initial training, which includes guidance on handling challenging conversations and enhancing communication skills to ensure that 'lived experiences' are effectively communicated to mentees. The programme aims to highlight areas of inequality and is intended to drive meaningful change within the Service. Mentors are just about to embark on their sessions and once the first cohort is completed, they will come back and share these experiences with

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Committee. The training session for mentors was recapped, with eight participants due to share their experiences in due course. The emphasis of the programme is on translating insights into practical actions and promoting a culture of inclusivity, where all staff feel a genuine sense of belonging. The Committee noted that this initiative is viewed as a key step in reducing health inequalities for the communities served. A follow-up presentation is scheduled to be delivered to the Staff Governance Committee in June.

Graeme Ferguson presented the Staff Experience and Performance Report which presents a cohesive and consolidated update on the overall staff experience and workforce performance within the Service and incorporates the previous separate reports on Health, Safety and Wellbeing and Workforce performance metrics. Graeme advised Committee that any changes since the last reporting period are highlighted in red. The paper was taken as read and Graeme highlighted that the report continues to evolve and provided assurance that outstanding actions in relation to the report will be completed for the March Staff Governance Committee. Alison Ferahi went on to provide Committee with an update on positive developments and advised Committee that 24 new TRiM assessors have completed training which will allow for a better geographic spread throughout the country. The Staying Well service has launched, focusing on preventative staff wellbeing with most referrals currently relating to mental health and updates on this initiative will be provided in future papers. A significant improvement has been evidenced in appraisal completion rates, rising from 5.22% to 20.23% compared to the previous year and potentially exceeding 50% if in progress appraisals are completed. Coralie Colburn went on to comment on the evolving nature of the report, particularly regarding employee relations and highlighted ongoing work to address staff concerns and expressed willingness to provide more detail on quality initiatives such as reverse mentoring and equality work.

Madeline thanked Graeme, Alison and Coralie for the overview and opened to Committee for comments and questions. Mike McCormick praised the flexible staffing initiatives and requested further insight into trends around misconduct cases and HSE involvement, while Liz Humphreys echoed the need for reflection and timely updates regarding increased conduct cases and RIDDOR reporting. Both sought greater understanding of actions taken in response to these issues. Fay McNicol clarified the organisation's involvement in a recent HSE investigation, confirming that whilst the Service was part of the process, the case is now being handled by NHS Highland and the HSE. Fay also agreed to reintroduce previously shared data visualisations. Robert Pollock expressed concerns around long-term absence, particularly in the ACC, noting the impact on staff and the organisation's efforts to proactively address stress and anxiety related absences within the framework of the National Attendance Management Policy. Madeline Smith suggested a future deep dive into the People Services Hub and requested the reinstatement of data on team leader protected time.

Graeme Ferguson concluded by confirming that updates on employee conduct cases would be circulated via e-mail and that the evaluation of the People Services Hub would be shared in due course. He outlined the formal establishment of the Attendance Oversight Group as a project board, tasked with a comprehensive review of absence trends across the Service, including preventative measures and support for staff. He reiterated that all actions remain aligned with the National Attendance Policy, with the focus on enhancing, not replacing existing processes.

Action/s: 4. Acting Director of Workforce to circulate updates in relation to employee conduct cases via email.

Madeline thanked Graeme for the overview and Committee noted and discussed the report presented.

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ITEM 8 APPROPRIATELY TRAINED AND DEVELOPED

Item 8.1 Education Update

In the absence of Cheryl Harvey Emma Stirling presented an update on Education developments which provided Committee with a progress update since the last Committee meeting and was taken as read. Emma highlighted the progress in NQP recruitment, technician portfolio submissions and ongoing challenges with practice education. Emma reported that Newly Qualified Paramedic (NQP) recruitment is on track and that technician programme portfolio submissions are steadily improving, addressing previous concerns about progression rates.

Madeline thanked Emma for the overview and opened to Committee for questions and comments. Committee expressed concerns in relation to the ongoing issues with the number of Practice Educators, in integrating practice education as business as usual for Paramedics. Emma said efforts are underway to encourage staff to take on educator roles, which are part of the Paramedic role. The Committee noted that the shortage places pressure on current educators and complicates student placements. Liz Humphreys noted that the mitigating actions in the risk paper are strong, particularly regarding the new strategic group and Committee agreed that a more detailed update should be provided with the Education Update at the next Staff Governance Committee meeting to provide fuller context.

Committee also raised concerns about the potential oversupply of Paramedics and the risk of graduates being unable to secure employment. Emma explained that collaboration is ongoing with Scottish Government to manage recruitment and explore broader roles for Paramedics across the healthcare system. In terms of driving instructor capacity, Emma confirmed that internal staff have been trained as driving instructors, reducing reliance on external providers, and that efforts are ongoing to build a sustainable internal cohort.

Committee commended the quality of the paper presented, acknowledged the ongoing improvements and thanked Emma for the detailed update presented.

Action/s: **5. Head of Education and Professional Development to include a more detailed update in relation to Practice Educators in the next Education Update presented to Committee.**

The Committee then moved on to discuss Agenda Item 9.4 (Whistleblowing Quarterly Update)

Item 8.2 Remuneration Committee Mid Year Report 2025/26

Liz Humphreys presented the Remuneration Committee Mid Year Report for 2025/26 and Committee were asked to note:

- A mid-year report of matters considered by the Remuneration Committee in the reporting period.
- Assurance that relevant matters within its remit have been given full consideration so that overarching Staff Governance responsibilities can be discharged.

Committee discussed and noted the report presented which provided assurance that Committee is operating and discharging its responsibilities.

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ITEM 9 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

Item 9.1 Equality Fora Update

Coralie Colburn presented Committee with an update in relation to Equality Fora work for the various Equality Networks across the Service and commended the contributions made by Shy Das-Bharadwa in producing this latest report for Committee. Coralie reported increased engagement and activity within staff networks with the team driving work plans linked to equality outcomes and mainstreaming activities. The networks are contributing to initiatives such as the Anti-Racism Plan.

Madeline thanked Coralie for the overview and Committee noted that it was good to see the positive breadth of the ongoing work. Liz Humphreys highlighted that it is important to have some kind of qualitative reflection on what is different to help with further improvement. Coralie committed to providing a detailed update on progress against equality outcomes at the next meeting, including qualitative reflections on changes experienced by staff and the impact of dedicated resources.

Action/s: **6. Employee Relations and Equalities Manager to provide a detailed update on progress against Equality Outcomes to the next meeting of the Committee which will include qualitative reflections on changes experienced by staff and the impact of dedicated resources.**

Committee noted the Equality Fora Update presented.

Item 9.2 Inclusion Update

Graeme Ferguson provided Committee with a verbal update in relation to inclusion which members were asked to discuss and note. Graeme explained this will include activities related to Inclusion, Corporate Parenting, Adult and Child Protection and other related areas within future reports. It was noted that whilst some of these topics do not sit directly within Staff Governance, they have significant staff implications and thus require assurance and oversight. The importance of providing updates on these areas was acknowledged with a view to ensuring governance and assurance are in place for such responsibilities.

Coralie Colburn confirmed that Corporate Parenting and related commitments are covered in the mainstreaming report and whilst not currently included in the Equality Fora Update, there is ongoing activity in these areas. Coralie agreed to provide updates in future reports and highlighted the need to balance the level of detail provided. Liz Humphreys suggested adopting a rolling programme where different sections of the mainstreaming report are brought forward for update at each meeting rather than attempting to cover all topics simultaneously. This suggestion was positively received by the Committee, with agreement that this approach would be more manageable and effective.

Madeline thanked Coralie for the overview and Committee agreed included in future reports would be updates on staff responsibilities in areas such as Inclusion, Corporate Parenting and Protection with an appropriate level of detail and that a rolling programme would be utilised for Agenda items, bringing forward specific sections of the mainstreaming report for update at each meeting.

Committee noted the update provided.

Item 9.3 Policies

The undernoted policies were presented to Committee for approval:

- Overtime Policy – Appendix to be added

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- Control of Substances Hazardous to Health (COSHH) Policy
- Risk Management Policy

Committee reviewed and approved the Control of Substances Hazardous to Health (COSHH) Policy and Risk Management Policies noting updates and clarifications discussed.

The Committee reviewed and approved the Overtime Policy in principle, but agreed this will not take effect until an Appendix clarifying operationalisation is agreed.

The Policies were discussed and approved as set out above.

Item 9.4 Whistleblowing Quarterly Report

In the absence of Andrew Carruthers Emma Stirling presented the Whistleblowing quarterly report which Committee were asked to discuss and note. Key points included:

- There were 4 concerns raised but no new Whistleblowing investigations launched in Q2 2025. All concerns were managed via business as usual.
- There is one concern currently with INWO for further investigation.
- Speak-Up-Week 2025 took place 29th September – 3rd October with various events over the course of the week.

Madeline thanked Emma for the overview and Committee noted that the report reflects a healthy speak-up culture where staff feel comfortable raising issues. Madeline opened to Committee for questions and comments and William Anderson referred to Speak up Week and in particular i enquired around attendance at the sessions. Emma confirmed that attendance logs are maintained and sessions have also been recorded for later access. Feedback indicated varying preferences for senior staff presence, and the Committee discussed the importance of balancing visibility and inclusivity. Liz Humphreys commended the work of confidential contacts and investigators, highlighting the value of resolving concerns at the business as usual level and the positive impact on organisational culture.

Emma agreed to provide attendance and playback data for Speak Up Week sessions and noted ongoing efforts to make whistleblowing resources accessible for all staff.

Committee noted the Whistleblowing Quarterly report presented.

Committee reverted back to Agenda Item 6.1 (Workforce Risk Register).

ITEM 10 INVOLVED IN DECISIONS

Item 10.1 Partnership Update

Committee noted the paper presented on recent partnership activity, including updates on Hot Topics, Reduced Working Week and Rest Breaks. The Hot Topics meetings facilitate open dialogue on challenging issues and Committee recognised the complexity of these discussions and the shared responsibility between management and staff representatives to resolve matters constructively. Steven Gilroy reported a positive outcome from the Service Annual Review with Scottish Government in November and outlined plans to review and update the Partnership Agreement early in the new year once operational pressures subside. Plans are also underway to hold partnership conferences in each of the regions in 2026, building on the success of previous

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events in 2024. Non-Executive members expressed an interest in joining the sessions to engage with staff and observe discussions.

The Committee welcomed the update and acknowledged the importance of ongoing partnership working and transparency in addressing sensitive issues in order to bring them to a successful resolution.

ITEM 11 WELL INFORMED

Item 11.1 Workforce Communications and Engagement Update

Claire Higgs provided Committee with an update in relation to Workforce Communications and Engagement which Committee were asked to discuss and provide feedback. Claire highlighted that the Team continues to work through winter communications, covering winter pressures in alignment with the Scottish Government campaign running across TV and press. The high profile TV series Paramedics on Scene continues to showcase staff from across the organisation and a 10 episode series has just been reviewed which will air in Spring 2026. Social media continues to be a key communications channel and the team regularly share positive staff stories, features on roles within the Service, vacancies, and patient compliments across platforms to ensure coverage is seen by the maximum amount of staff.

Madeline thanked Claire for the overview and Committee noted the update provided.

Robert Pollock left the meeting.

ITEM 12 Staff Governance Committee Effectiveness Review Action Plan Progress Update

Madeline Smith provided Committee with a verbal update in relation to the Action Plan Progress for the Staff Governance Committee Effectiveness Review Action Plan.

Madeline advised that Committee is making progress on performance reporting, engagement with Non-Executives, staff voice inclusion through staff stories and improvement to induction processes. Madeline highlighted that all areas are progressing and will be formally reported at year-end.

Committee noted the update provided.

ITEM 13 ACTION TRACKER

Committee noted the following items as closed and approved their removal from the SGC action tracker.

2025/09/06.3	Internal Audit Action Update
2025/09/11	Staff Governance Action Plan 2025/26

Committee discussed the undernoted items and agreed to extend the timelines to March 2026.

2025/03/07.2	Staff Experience and Staff Story
2025/06/09.2	Staff Experience and Performance Report

2025/09/07.1 (1)	Staff Experience and Performance Report
2025/09/07.1 (2)	Staff Experience and Performance Report
2025/09/07.1 (3)	Staff Experience and Performance Report
2025/09/07.1 (4)	Staff Experience and Performance Report

ITEM 14 Staff Governance Action Plan 2025/26

Graeme Ferguson presented Committee with the Staff Governance Action Plan from 01 April 2025 – 31 March 2026 and Committee were asked to:

- Discuss and approve the activity on the Staff Governance Action Plan from 1st April 2025 – 31 March 2026 which contains 13 initiatives, which are, new activities, ongoing yearly activities or have been rolled over from the April 2024 – March 2025 Plan.
- Note that as a reprioritisation exercise of the Service’s priorities is undertaken the initiatives within the SGAP will be developed or changed to reflect these.

The Committee reviewed and acknowledged significant progress across multiple areas and endorsed the draft Staff Governance Action Plan for 2025/26.

ITEM 15 STAFF GOVERNANCE COMMITTEE DRAFT WORKPLAN 2026

Madeline Smith presented the Staff Governance Committee Draft Workplan for 2026 which Committee were asked to discuss and approve.

Committee approved the Workplan presented.

ITEM 16 STAFF GOVERNANCE COMMITTEE WORKPLAN 2025

Members noted the Committee Workplan which is provided to each meeting for assurance and Information with any changes annotated in red.

ITEM 17 STAFF GOVERNANCE COMMITTEE MEETING DATES 2026

Committee members noted the Staff Governance Committee meeting dates for 2026 which have been confirmed in member’s diaries. Dates are as confirmed below:

- 4 March 2026
- 4 June 2026
- 3 September 2026
- 10 December 2026

ITEM 18 ANY OTHER BUSINESS

No items of other business have been received in advance of today’s meeting.

Committee praised the high quality of the papers prepared before today’s meeting, which facilitated a good quality discussion.

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Madeline Smith thanked members and attendees for their participation and contributions to the meeting.

DATE OF NEXT MEETING

The next meeting will take place on Wednesday 4th March 2026 at 10:00 am.

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**MEETING OF THE STAFF GOVERNANCE COMMITTEE
10:00 ON WEDNESDAY 4 MARCH 2026
VIRTUAL MEETING VIA MICROSOFT TEAMS
AGENDA**

The matrix below links the agenda items within the Staff Governance Committee with the Corporate Risks (CR) in place across the Service.

Key:

- CR 4638 – Very High – Hospital Handover Delays
- CR 5062 – Very High – Financial Targets
- CR 5519 – Very High – Statutory and Mandatory Training
- CR 5602 – High - Service's Defence Against a Cyber Attack
- CR 5603 – High - Maintaining required service levels (Business Continuity)
- CR 4636 – High - Health and Wellbeing of staff affected
- CR 5653 – High - Organisational Culture
- CR 5887 – High - Service Transformation (Change Management)
- CR 5888 – High - Workforce Planning
- CR 5889 – High - Workforce Sustainability
- CR 5890 – High - Environmental Sustainability
- CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)					
	Likely (4)					
	Possible (3)			CR 4636 – 12 Items CR 5062 – 1 Item CR 5888 – 2 Items CR 5889 – 2 Items	CR4638 – 10 Items CR5653 – 7 Items	
	Unlikely (2)			CR5887 -		
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome & Apologies	For Noting	M Smith	–
	2. Declarations of Interest relevant to meeting	For Noting	M Smith	–
	3. Minutes of meeting held on 11 December 2025	For Approval	M Smith	–
	4. Matters Arising not on the Agenda	For Discussion	M Smith	–
10:10	5. SPECIAL TOPIC People Services Hub Update	For Discussion	G Ferguson HR Team	
10:50	6. STAFF GOVERNANCE			
	6.1 Workforce Risk Register	For Approval	S Stevenson	CR 4636 CR 4638 CR 5653
	6.2 Internal Audit Action Update Report	For Discussion/ Approval	G Ferguson	CR 4636

11:10	7. PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY			
	7.1	Draft Workforce Plan Proposal	For Discussion	G Ferguson / C Colburn CR 4636, CR 5653 CR 5888, CR 5889
	7.2	Staff Experience and Performance Report – Including Staff Story	For Discussion	G Ferguson / A Ferahi / F McNicol CR 4636 CR 4638 CR5653
11:30	8. APPROPRIATELY TRAINED AND DEVELOPED			
	8.1	Education Update	For Noting	C Harvey CR 4636 CR 4638 CR 5062 CR 5888 CR 5889
11:40	9. TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED			
	9.1	Equality, Diversity & Inclusion Fora Update	For Discussion	C Colburn CR 4636, CR 4638
	9.2	Culture Update	Presentation	E Gallagher
	9.3	Policies No Policies for consideration this quarter.	For Information	F McNicol -
	9.4	Whistleblowing Quarterly Report	For Noting	A Carruthers CR 4636 CR 4638 CR 5653
12:20	10. INVOLVED IN DECISIONS			
	10.1	Partnership Update	For Noting	G Ferguson/S Gilroy CR 4636 CR 4638 CR 5653
	10.2	Partnership Conference Update - Verbal	For Discussion	G Ferguson/S Gilroy CR 4636 CR 4638 CR 5653
12:30	11.	Action Tracker	For Approval	M Smith
12:35	12.	Staff Governance Action Plan 2025/26 Closing Position	For Approval	G Ferguson CR4636 CR 4638 CR 5653
	13.	Draft Staff Governance Action Plan 2026/27 – Deferred to June 2026 Committee	For Information	G Ferguson CR4636, CR 4638
12:45	14.	Staff Governance Committee Workplan 2026	For Noting	M Smith/G Ferguson -
	15.	Staff Governance Annual Monitoring Return 2024-25	For Information	M Smith/G Ferguson CR4636, CR 4638
12:55	16.	Any Other Business		

Date of next meeting: Wednesday 4 June 2026 at 10:00 am

RECORDING PRIVACY NOTICE

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